

EXHIBIT A

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08:55:19 a.m.

08-28-2015

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State Health Plan
P.O. Box 100605
Columbia, SC 29260



South Carolina

*Blue Cross BlueShield of South Carolina
is an independent licensee of the
Blue Cross and Blue Shield Association*

EXPLANATION OF BENEFITS

THIS IS NOT A BILL

If you have a question about your
claim, please call Customer Service at

800-868-2520

or locally at 803-736-1576

Monday - Friday 8:00 a.m. - 6:00 p.m.

SANDRA D GRIFFITH
P O BOX 45
NEESES SC 29107



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0001 of 0002

STATE HEALTH PLAN

SUMMARY INFORMATION

January 27, 2014

Patient's Name JOEL GRIFFITH		Relationship to Policyholder SPOUSE		ID No. [REDACTED]	Claim No. 19007K810-00-00
TOTAL CHARGE FOR YOUR CLAIM: 30,424.86		TOTAL AMOUNT WE PAID: 20,690.00		WHAT YOU OWE PROVIDER: 9,734.86	
		Sent to Provider		The provider can bill you for this amount if you have not yet paid.	
To date, you have satisfied 350.00 of the 350.00 deductible for the benefit period that began 01/01/2013 . This claim contributed 0.00 toward your out-of-pocket maximum. You have satisfied 2,000.00 of the 2,000.00 out-of-pocket maximum for this benefit period. We paid a total of 144,824.49 for this person this benefit period.					

DETAIL INFORMATION

Provider	LIFENET OF SC	LIFENET OF SC		
Network Participation	NO	NO		
Dates of Service	12/24/13	12/24/13		
Type of Service	AMBULANCE	AMBULANCE		
Charge	20,044.56	10,380.30		
Amount Not Covered	5,094.56 1*	4,640.30 1*		
Covered Expenses	14,950.00	5,740.00		
Deductible	0.00	0.00		
Copay/Spec Deductible	0.00	0.00		
Allowed Amount	14,950.00	5,740.00		
Coinsurance	0.00	0.00		
Amount Paid	14,950.00	5,740.00		

* Please refer to the remarks section.

Suspect claims fraud? Please help by calling our hotline at 800-763-0703.

THANK YOU FOR ALLOWING US TO SERVE YOU!

www.SouthCarolinaBlues.com